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FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

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Bruce L Braley (b) Address (number and street) PO Box 856 (c) City, State, and ZIP Code Waterloo IA 50304 2. Candidate's FEC Identification Number S4IA00087 3. Is This Statement New (N) OR (A)											
(b) Address (number and street) Check if address changed School Schoo	(a) Name of Candidate (in full)										
Color State Stat	•										
Waterloo 4. Parry Affiliation DEMOCRATIC PARTY Senate DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in fulf) Braley for Iowa (b) Address (number and street) PO Box 856 (c) City, State, and ZIP Code Des Moines 1A 50304 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in fulf) (b) Address (number and street) (c) City, State, and ZIP Code IA I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Bruce L. Bratey Date 09/04/2014		☐ Check if address changed									
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Bruce L. Braley 09/04/2014	Signature of Candidate				******	Date					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	<u> </u>					1	4				
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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)			Page 2 /
DESIG	NATION OF OTHER AUTHORIZED C (Including Joint Fundraising Representa		[ADDITIONAL]
I hereby authorize the following named committee	ee, which is NOT my principal campaign committee, to	r and expend funds of	on behalf of my
NOTE: This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full)			
Braley Senate Victory			
(b) Address (number and street) 120 Maryland Ave NE			
(c) City, State and ZtP Code			
Washington	DC	20002	
DESIG	SNATION OF OTHER AUTHORIZED O		[ADDITIONAL]
I hereby authorize the following named committee candidacy.	ee, which is NOT my principal campaign committee, to	or and expend funds	on behalf of my
NOTE:This designation should be filed	with the principal campaign committee		
(a) Name of Committee (in full)		· ·	
Secure our Senate: Ge	orgia lowa		
(b) Address (number and street) 600 Penn Ave SE #210			- ·-
(c) City, State and ZIP Code			
Washington	DC	20003	
DESIG	NATION OF OTHER AUTHORIZED C		[ADDITIONAL]
I hereby authorize the following named committee candidacy.	ee, which is NOT my principal campaign committee, to	r and expend funds	on behalf of my
NOTE:This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full)			
Braley Victory Fund			
(b) Address (number and street) 2813 Virginia PI			
(c) City, State and ZIP Code			
Des Moines	IA	50321	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) Page **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** [ADDITIONAL] (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Green Senate 2014 (b) Address (number and street) 600 Penn Ave SE #210 (c) City, State and ZIP Code Washington DC 20003 [ADDITIONAL] DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to relieve and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SumE 232 SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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